## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000035154

Entity Name: PATRIOT COMPLIANCE, INC.

FILED Apr 25, 2012 Secretary of State

| Entity Name. PATRIOT  | COMPLIANCE, INC.                 |   |                                      |
|---|----------------------------------|---|--------------------------------------|
| Current Principal Place   | of Business:                     | New Principal Place of Business:          |                                      |
| 1566 NE 191 STEET<br># 124<br>NMB, FL 33179                                       |                                  |   |                                      |
| Current Mailing Address:  |                                  | New Mailing Address:                      |                                      |
| 1566 NE 191 STEET<br>#124<br>NMB, FL 33179  |                                  |   |                                      |
| FEI Number: 26-2352570  | FEI Number Applied For ( )       | FEI Number Not Applicable ( )             | Certificate of Status Desired ( )    |
| Name and Address of Current Registered Agent:                                     |                                  | Name and Address of New Registered Agent: |                                      |
| ALEX A. KHOJA, CPA, P<br>13500 SW 88TH STREE<br>SUITE 285-C<br>MIAMI, FL 33186 US |                                  |   |                                      |
| The above named entity in the State of Florida.                                   | submits this statement for the p | ourpose of changing its registered        | office or registered agent, or both, |
| SIGNATURE:  |                                  |   |                                      |
| Electror  | nic Signature of Registered Age  | ent                                       | Date                                 |
|   |                                  |   |                                      |
|   |                                  |   |                                      |

## **OFFICERS AND DIRECTORS:**

Title:

 Name:
 CONTRERAS, ROBERTO

 Address:
 1566 NE 191 ST. #124

 City-St-Zip:
 NMB, FL 33179 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERTO CONTRERAS P 04/25/2012